

SOOKSHMA LITE PROPOSAL FORM

Important:

1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.
2. This form can be used to apply for Sookshma Lite.
3. This proposal is for covering an enterprise whose total value of insurable assets at a location does not exceed Rs. 5 Crore, against Fire and Allied Perils.
4. It is important to fill all questions in full. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
5. Cover shall commence not earlier than the date and the time of acceptance and subsequent to receipt of the premium.

FOR OFFICE USE

Intermediary Name: _____ Intermediary Code: _____

Business Channel: ☐ Agency ☐ Banca ☐ Corporate/Broking ☐ Direct

RM/SP Name: _____ RM/SP Code: _____

RM/SP Contact No: _____ GSTN: If applicable _____

POSP PAN (if applicable)

A. Details about Proposer and Policy Period

1.	Name of Proposer	
2.	Present Address of Proposer	
3.	Permanent Address of Proposer	
4.	Mobile No.	
5.	Email	
6.	Contact person details (where proposer is not an individual) a. Name b. Designation	
7.	CKYC Number (if available)	
8.	Policy to be issued in favour of (list out all the parties who have insurable interest) including the financial institutions	
9.	Period of Insurance	From To

B. Business and Location of Business

10.	Business of Proposer						
11.	Location of Risk/business to be covered - full-postal address with Pin code	Sl. No.	Address	Pin code	Occupancy	Age of unit	Floor*

*Floor: Ground Floor (GF) / Mezzanine Floor (MF) / Higher Floor (H)

C. Details about business covered at the insured location

12.	Details of insured property	Please tick in the space below:
a.	Offices, Shops, Hotels, etc	Yes / No
b.	Industrial / Manufacturing risks	Yes / No
c.	Storage outside Industrial/ Manufacturing risks	Yes / No
d.	Tanks / Gas holders outside Industrial/ Manufacturing risks.	Yes / No
e.	Utilities located outside Industrial/Manufacturing risks.	Yes / No
f.	Boundary wall	Yes / No
g.	Basement storage	Yes / No
		If, yes value stored SI: ₹.....
h.	Others (please specify)	
13.	If used as warehouse / godown (not located in a manufacturing unit), please give the list of goods stored.	
14.	If used as an Industrial Manufacturing unit give products manufactured at the location proposed (detailed block plan showing various facilities to be enclosed wherever applicable.)	
15.	If used as an Industrial Manufacturing unit, please state whether the factory is working or silent?	
16.	Fire Protection devices installed?	Yes/No

		If Yes, Please tick the correct answer in the box below. <input type="checkbox"/> Portable Extinguishers <input type="checkbox"/> Small bore hose reels <input type="checkbox"/> Trailer Pumps/Fire engines <input type="checkbox"/> Hydrant System <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Fixed Water Spray System <input type="checkbox"/> Foam System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Gas Flooding System <input type="checkbox"/> Others, please specify below.									
17.	Indicate whether AMC (Annual Maintenance contract) for the Fire Protection Appliances is in force										
18.	Construction details										
a.	Please state material used	Please tick the correct answer in the box.									
i.	Walls	Kutcha / Pucca									
ii.	Floor	Kutcha / Pucca									
iii.	Roof	Kutcha / Pucca									
	Note: Kutcha : Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/ canvas/tarpaulin and the like are treated as Kutcha Construction. Pucca : Buildings other than Kutcha are treated as Pucca constructions										
b.	Please select the type of Construction quality/structure	Please tick the correct answer in the box. <input type="checkbox"/> Earthquake Resistant Construction <input type="checkbox"/> Superior Construction <input type="checkbox"/> Class I Construction <input type="checkbox"/> Class II Construction									
c.	Number of Floors										
d.	Age of the Building	<table border="1"> <tr> <td>Less than 5 Years</td><td></td></tr> <tr> <td>5-10 Years</td><td></td></tr> <tr> <td>Upto 15 Years</td><td></td></tr> <tr> <td>Above 15 Years</td><td></td></tr> </table>	Less than 5 Years		5-10 Years		Upto 15 Years		Above 15 Years		
Less than 5 Years											
5-10 Years											
Upto 15 Years											
Above 15 Years											
19.	Distance between the risk to be covered and nearest Fire Brigade										
20.	Please provide the distance of the premises from the nearest water body	_____ (in meters)									
21.	Whether You have insured the same property with any other Insurance Company with the same type of coverage (Give details)										
22.	Whether Insurance was declined by any other Company (Give details)										
23.	Is Watchmen on Duty (Round the Clock) available at your Storage Facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO									
24.	Are you following standard housekeeping practices at premises to be covered?	<input type="checkbox"/> YES <input type="checkbox"/> NO									

25.	Please confirm whether your premises has conductive wiring in place ?	<input type="checkbox"/> YES <input type="checkbox"/> NO																			
26.	Please confirm the average age of equipment in the premises?	<table border="1"> <tr> <td>Average Age of the equipment</td> <td></td> </tr> <tr> <td>Less than 2 years</td> <td></td> </tr> <tr> <td>3 - 5 years</td> <td></td> </tr> <tr> <td>5-10 years</td> <td></td> </tr> <tr> <td>10 - 15 years</td> <td></td> </tr> <tr> <td>15 - 20 years</td> <td></td> </tr> <tr> <td>20 - 25 years</td> <td></td> </tr> <tr> <td>Above 25 years</td> <td></td> </tr> </table>		Average Age of the equipment		Less than 2 years		3 - 5 years		5-10 years		10 - 15 years		15 - 20 years		20 - 25 years		Above 25 years			
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27.	<p>a.) Premium / Claim details for the past 36 months excluding the expiring policy period</p> <table border="1"> <tr> <th>Year</th> <th>Premium</th> <th>Claim</th> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td></td> <td>₹</td> <td>₹</td> </tr> <tr> <td>TOTAL</td> <td>₹</td> <td>₹</td> </tr> </table> <p>b.) Please provide the type and description of claim</p> <hr/>	Year	Premium	Claim		₹	₹		₹	₹		₹	₹		₹	₹	TOTAL	₹	₹		
Year	Premium	Claim																			
	₹	₹																			
	₹	₹																			
	₹	₹																			
	₹	₹																			
TOTAL	₹	₹																			

D. Sum Insured and Other details of Insured Property

(Indicate Sum Insured on the following basis:

☐ For Building, Plant and Machinery, Furniture, Fixture and Fittings and other contents:

Reinstatement Value;

☐ For raw material: **Landed Cost;**

☐ For stock in process: **Input cost;**

☐ For finished stock: **Manufacturing cost** of the finished stock or the **Contract Price*** of goods sold but not delivered, as applicable.

*** Contract Price** is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price).

28.	Description of Block	Building including plinth, Basement and additional	Plant & Machinery	Furniture & Fixtures, Fittings and other equipment	Raw Material	Stock in Process	Finished Stock	Other Contents (Please Specify)	Total

		structure s							

E. Details for in-built cover for Floater

29.	Floater Cover (for stocks at various locations)	<table><tr><th>Location (Postal Address with Pin code)</th><th>Sum Insured(in ₹)</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>		Location (Postal Address with Pin code)	Sum Insured(in ₹)								
		Location (Postal Address with Pin code)	Sum Insured(in ₹)										
		i) Maximum value at any one location: ₹.....											
		ii) Whether stocks stored in open: Yes/No											

F. Optional Covers/Add-On

Please select from below mentioned covers, which you want to opt for.

Sr. No	Optional Cover	Please tick (✓)	Sum Insured (₹)
1.	Sabotage And Terrorism Damage Cover Endorsement (Material Damage Only) Please select if below mentioned extensions under the above cover are also opted. I.Terrorism Third Party Liability Insurance Add On Cover II.Political Violence Insurance Extension		
2.	Declaration Policy for Stocks* *Stocks which fluctuate in value to be covered on (monthly) declaration basis:		
3.	Involuntary Betterment		
4.	Escalation		
5.	Claim Preparation Costs		
6.	Additional Custom Duty		

7.	Loss Of Rent Clause Indemnity Period (____) in months		
8.	Insurance Of Additional Expenses Of Rent For An Alternative Accommodation Indemnity Period (____) in months		
9.	Deterioration Of Stocks In Cold Storage Premises (A) Deterioration of stocks in cold storage premises due to accidental power failure consequent to damage at the premises of power station due to an insured peril (B) Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the insured's premises due to operation of insured peril		
10.	Accidental Damage		
11.	EMI Protection Cover		

G. Premium Details

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Note : Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/- The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

BANK DETAILS OF PROPOSER FOR REFUND OR CLAIM PURPOSE

Name of bank account holder (mention specifically, if different from name of policyholder)

Bank Name & Branch	
Bank Account Number	
IFS Code	

NOMINEE DETAILS

Name	
Date of Birth	
Relationship with the proposer	
Mobile Number	
E-Mail ID	
Address of Nominee	
Present address	
Permanent address: ((if left blank, will be construed as being same as Present Address))	
Bank Account Details of Nominee	
Name of Account holder	
Bank Name & Branch	
Bank Account Number	
IFS Code	
Authorized person details (in case nominee is a minor)	

H. Declaration by Insured

- i. I/ We hereby declare that the value of insurable assets is less than ₹ 5 Crore (Rupees Five Crore) and the statements made by me / Us in this Proposal Form are true to the best of my / Our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/Us and Generali Central Insurance Company Limited (GCIL).

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same should be conveyed to the insurers immediately.

- ii. I understand that, if any information/statement given in the proposal is found to be untrue by GCIL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCIL.
- iii. "I/We, hereby, declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I/We understand that GCIL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We am/are found to be named in any recognized sanction list/happen to have violated any provisions of law." OR
 "I/We hereby confirm that the premium payment have been paid by _____, who is having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank

account."

- iv. I/we am/are (please tick all that are applicable)
☐ High Net Worth Individual/s ☐ Non Residential Indian/s ☐ Politically Exposed Person/s
☐ Jeweller/s ☐ Non-Governmental Organization
☐ Film Actor/s ☐ Producer/s
- v. I agree to receive service related information from GCIL and its service providers from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me.
- vi. I am aware and agree that the information/data provided by me, through this application, to GCIL and/ or GCIL authorised person/ agency, shall be stored by GCIL, throughout the currency of my relationship with GCIL, and used for the purposes relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by GCIL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold GCIL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I consent to the fact that GCIL may download my/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/proposer's KYC records as part of this proposal. I understand that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I, also, consent to receive information from the Central KYC Registry through SMS/email on the abovementioned mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Registry are current and valid, as on the date of this proposal, and can be used by GCIL hereafter. In case of any modification, the applicable information will be provided to GCIL for updating the CKYC Registry Records.
- viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCIL Privacy Policy, available at <https://generalicentralinsurance.com/privacy-policy>.

Proposer's Signature: _____ **Place:** _____ **Date:** _____

True to our Go Green initiative, we will send a link to your e-mail address and/or mobile number, as you've mentioned in this proposal, where available/chosen, your eIA and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box ☐

ANTI MONEY LAUNDRING

GCIL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of GCIL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCIL with relevant

records/information/assistance, as may be necessary to address the anti-financial crime practices.

FOR INTERMEDIARY USE ONLY

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCIL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCIL, be treated as null and void and the premium amount against the policy may be forfeited by GCIL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's Code: _____

Intermediary's Signature: _____

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800